



Behavioral Health

IHCP 2019
Annual Seminar


CareSource®

Behavioral Health Strategy

Partnering with Providers

To improve access and outcomes

Sharing and Using Data

Across systems of care, to ensure quality and compliance

Care Coordination Programs

That engage members in care and retention in treatment

Promoting Prevention and Education

Initiatives and approaches that reduce potential harm



BH Care Management Referrals

Health partners can go directly to the Provider Portal or call to make a behavioral health care management referral.

Visit the
Provider Portal:

<https://providerportal.caresource.com/IN/User/Login.aspx>

Call CareSource
to make a
referral:

1-844-607-2829



Behavioral Health Services

- Behavioral Health services do not require a referral from the Primary Medical Provider (PMP). Members **must** utilize providers within the CareSource network.
- Members can self-refer to any psychiatrist who is an active Indiana Health Coverage Programs (IHCP) provider.



BH Access Standards

Type of Visit	Should be Seen
Emergency needs	Immediately upon presentation
Non-life threatening emergency	Not to exceed 6 hours
Urgent care*	Not to exceed 48 hours
Initial visit for routine care	Not to exceed 10 calendar days
Follow-up routine care	Not to exceed 30 calendar days based off the condition

*A member should be seen as expeditiously as the member's condition warrants based on severity of symptoms. It is expected that if a health partner is unable to see the member within the appropriate time frame, CareSource will facilitate an appointment with a participating health partner or non-participating health partner, if necessary.



CareSource Guidelines

- CareSource encourages communication and care coordination between primary medical providers (PMP), specialists and behavioral health partners to achieve optimal member health.
- CareSource requires every health partner to ask and encourage members to sign a consent permitting release of substance use disorder information to CareSource, PMP, or behavioral health provider.
- CareSource providers are NOT permitted to release information related to substance use disorder services without written consent from the member.
- CareSource contractually requires behavioral and physical health partners document and reciprocally share the following for each member:
 1. Primary and secondary diagnoses
 2. Findings from assessments
 3. Medication prescribed
 4. Psychotherapy prescribed
 5. Any other relevant information
- CareSource requires behavioral health partners send initial and quarterly summary reports of a member's behavioral health status to the PMP, with the member/member guardian's consent.
- CareSource requires all members receiving inpatient behavioral health services to be scheduled for outpatient follow up/continuing treatment prior to discharge, which must occur within 7 days of discharge.



HEDIS[®] Measure

Follow-Up After Hospitalization for Mental Illness (FUH)

MEASURE OVERVIEW

The National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) Follow-Up After Hospitalization measure looks at the continuity of care for mental illness. It measures the percentage of members six years of age and older who were hospitalized for treatment of selected mental disorders or intentional self-harm and who had follow-up visits with a mental health provider within seven days and again within 30 days after their discharge from the hospital. The specifications for this measure are consistent with guidelines of the National Institute of Mental Health and the Centers for Mental Health Services.

An outpatient visit with a mental health practitioner after discharge is recommended to make sure that gains made during hospitalization are not lost to early post-hospitalization reactions or medication problems.

HOW TO IMPROVE MEASURE PERFORMANCE

- Educate the member before their hospital stay, if possible, and at the time of discharge about the importance of seeing a mental health practitioner within seven days and again within 30 days from the date of discharge or intentional self-harm diagnoses. The first visit cannot occur on the same day as the discharge.
- Use correct HIPAA-compliant codes when billing for the follow-up visit.
- Promote transition and support resources available in the community.
- Collaborate with CareSource on care coordination to connect the member to needed services, such as transportation.
- Telehealth visits with a qualified mental health professional and billed with appropriate codes are sufficient to qualify for this measure. Please see the reverse side of this document for a complete list of mental health professionals by type.
- Keep in mind, visits that occur on the date of discharge do not qualify.



HEDIS[®] Measure

Follow-Up After Hospitalization for Mental Illness (FUH)

QUALIFIED MENTAL HEALTH PROFESSIONALS INCLUDE:

An MD or doctor of osteopathy (DO) who is:

1. certified as a psychiatrist or child psychiatrist by the American Medical Specialties Board of Psychiatry and Neurology or by the American Osteopathic Board of Neurology and Psychiatry
2. if not certified, successfully completed an accredited program of graduate medical or osteopathic education in psychiatry or child psychiatry and is licensed to practice patient care psychiatry or child psychiatry, if required by the state of practice.

An individual who is licensed as a psychologist in his/her state of practice, if required by the state of practice.

An individual who is:

1. certified in clinical social work by the American Board of Examiners and listed on the National Association of Social Worker's Clinical Register
2. has a master's degree in social work and is licensed or certified to practice as a social worker, if required by the state of practice.

A registered nurse (RN) who is:

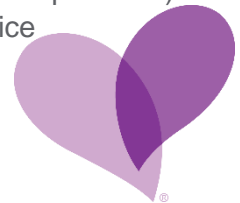
1. certified by the American Nurses Credentialing Center (a subsidiary of the American Nurses Association) as a psychiatric nurse or mental health clinical nurse specialist
2. has a master's degree in nursing with a specialization in psychiatric/mental health and two years of supervised clinical experience and is licensed to practice as a psychiatric or mental health nurse, if required by the state of practice.

An individual (normally with a master's or a doctoral degree in marital and family therapy and at least two years of supervised clinical experience) who is:

1. practicing as a marital and family therapist and is licensed or a certified counselor by the state of practice
2. if licensure or certification is not required by the state of practice, who is eligible for clinical membership in the American Association for Marriage and Family Therapy.

An individual (normally with a master's or doctoral degree in counseling and at least two years of supervised clinical experience) who is:

1. practicing as a professional counselor and who is licensed or certified to do so by the state of practice
2. if licensure or certification is not required by the state of practice, is a National Certified Counselor with a Specialty Certification in Clinical Mental Health Counseling from the National Board for Certified Counselors (NBCC).



HEDIS® Measure

Follow-Up After Hospitalization for Mental Illness (FUH)

Follow-Up Visit Compliance Codes

Individual Codes:

CPT: 98960-98962, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99383-99387, 99393-99397, 99401-99404, 99411, 99412, 99510, 99496, 99495 (valid for 30-day compliance only)

HCPCS: G0155, G0176, G0177, G0409-G0411, G0463, H0002, H0004, H0031, H0034-H0037, H0039, H0040, H2000, H2001, H2010-H2020, M0064, S0201, S9480, S9484, S9485, T1015

Revenue Code: 0513, 0900-0905, 0907, 0911-0917, 0919

Combination Codes:

CPT: 99221-99223, 99231-99233, 99238, 99239, 99251-99255

-With-

Place of Service: 02, 52, 53

CPT: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876

-With-

Place of Service: 02, 03, 05, 07, 09, 11-20, 22, 24, 33, 49, 50, 52, 53, 71, 72

Revenue Code: 0510, 0515-0517, 0519-0523, 0526-0529, 0982, 0983

-With-

ICD-10: F20-F39, F42-F43.9, F44.89, F53, F60-F63.9, F68.xx, F84.x, F90-F94.9

Please Note: The codes in this document are derived from the NCQA HEDIS 2018 Volume 2 Technical Specifications for Health Plans. These codes are examples of codes typically billed for this type of service and are subject to change. Submitting claims using these codes helps improve reporting of quality measure performance. Billing these codes does not guarantee payment.

Providers should check the Indiana Medicaid Fee Schedule prior to claim submission at <http://provider.indianamedicaid.com/>.





2019 Behavioral Health

Updates, On-Demand Webinars, Incentives,
Provider Payment Processing and Claim Concerns



Applied Behavioral Analysis Rate Setting

CareSource established a rate for Applied Behavior Analysis (ABA) services, for Healthy Indiana Plan (HIP) and Hoosier Healthwise (HHW) plans, effective for dates of service (DOS) July 1, 2019.

ABA FEE SCHEDULE

*T-codes are specific to ABA services. The 9-series code could be used for other types of services. The codes are included within our provider agreement attached to provider records once credentialed and entered into the system with an ABA specialty. The codes require an appropriate autism-related diagnosis code in addition to an authorization for the ABA services. **ABA services require prior authorization.**

Code	HIP/HHW Rate	Minutes
97151	16.88	15
97152	16.31	15
97153	15.47	15
97154	3.57	15
97155	15.47	15
97156	15.19	15
97157	17.63	15
97158	3.57	15
0362T	18.37	15
0373T	18.37	15

SUD Residential Addiction Treatment Facilities

New Provider Specialty

Effective March 1, 2018, IHCP established provider type 35-Addiction Services and Provider Specialty 836, Substance Use Disorder (SUD) Residential Addiction Treatment Facility.

These providers will enroll as billing providers with IHCP:

- A facility must be Division of Mental Health and Addiction (DMHA)-certified as a residential facility or Department of Child Services (DCS) licensing as a child care institution or private secure care institution.
- Effective 7/1/2018, reimbursement for SUD residential treatment will only be made to facilities enrolled under the 35/836 provider type and speciality.
- A provider enrolled as a SUD residential addiction treatment facility is limited to billing only H2034 U1 or U2 and/or H0010 U1 or U2.



SUD Residential & Inpatient Treatment

Prior Authorizations

Effective March 15, 2019, IHCP requires the following 3 forms when requesting prior authorization for inpatient and residential treatment:

- Residential/Inpatient Substance Use Disorder Treatment Prior Authorization Request Form
- Initial Assessment Form for Substance Use Disorder Treatment Admission
- Reassessment Form for Continued Substance Use Disorder Treatment

<http://provider.indianamedicaid.com/ihcp/Bulletins/BT201906.pdf>



Providers can earn CMEs

- 6 Provider Education training webinars
- On-demand training on various BH topics



CareSource is excited to invite our Health Partners to view six provider education recordings of our live training webinars! These FREE on-demand educational webinars focus on various behavioral health topics. Learn the causes of each condition, as well as how and when to refer complex patients for specialized treatment.

Those who complete the on-demand training sessions will receive Continuing Medical Education (CME) credits via Wright State University. You must register and complete a post-course evaluation in order to receive CME credits. **Register below!**

Our Series:

MEDICATION ASSISTED TREATMENT (MAT) FOR OPIOID USE DISORDER

Speaker – Dr. Michael Wilson, CareSource Behavioral Health Medical Director
Date/Time – On-Demand

AUTISM SPECTRUM DISORDER

Speaker – Dr. Christina Weston, CareSource Behavioral Health Medical Director
Date/Time – On-Demand

ATTENTION-DEFICIT HYPERACTIVITY DISORDER (ADHD)

Speaker – Dr. Michael Wilson, CareSource Behavioral Health Medical Director
Date/Time – On-Demand

ADVERSITY! THE BRAIN, BEHAVIOR, AND OUR LEARNING

Speaker – Dr. Lori Desautels, Assistant Professor at Butler University
Date/Time – On-Demand

DEPRESSION

Speaker – Dr. Mark Reynolds, CareSource Behavioral Health Medical Director
Date/Time – On-Demand

CULTURAL COMPETENCY WHEN SERVING BURMESE, FOSTER CARE, AND RE-ENTRY COMMUNITIES

Speakers – Naw Eh Phaw, Director of Language Services; LUNA Language Services
Angel R. Knapp, Senior Director; Damar Services
Dr. Cameal Wright, Medical Director, Indiana Market; CareSource
Date/Time – On-Demand

Sign Up: <http://bit.ly/CareSourceINProviderEducationWebinar>
Password: CSWebinars2018!

We look forward to partnering with you on these critical health topics.

CareSource SUD Treatment

Incentive Initiative

- Effective July 1, 2018, CareSource designed an incentive program targeted to HIP members with a SUD diagnosis in hopes to increase utilization and engagement in treatment services.
- CareSource has chosen to incentivize Intensive Outpatient Treatment (IOT) services by offering outcome-based incentives to members who meet individually achievable goals related to engaging in healthy behaviors.
- The SUD incentive treatment program is member-focused, easy to understand, and offers attractive incentives to motivate participation.



CareSource SUD Treatment

Incentive Initiative

- HIP enrollees participating in the SUD Treatment Incentive Initiative will be offered up to **\$100** on a Per Member Per Year (PMPY) basis.
- HIP members with SUD diagnosis who attend IOT can receive a **\$10.00 gift card** for each session up to a total of ten (10) sessions per calendar year.
- Members can receive the incentive for treatment by any Indiana Health Coverage Programs (IHCP) enrolled IOT provider.

**The total incentive dollar amount will not exceed \$300 per year for members participating in multiple initiative programs.*



CareSource SUD Treatment

Incentive Initiative

- Members will be monitored for attendance through claims data.
- Members will receive a monthly email or text message from MyHealth, once registered, to log into the portal to redeem their award upon completion of an IOT group.
- Members can track their rewards in the free CareSource mobile app or their MyCareSource account.
 - *If they do not have a MyCareSource® account, they can visit MyCareSource.com and set up their account. Once the member account is established, the member will earn a \$20 reward for completing the Health Needs Screening.*
- Members can redeem their rewards for food, shopping or technology gift cards.



CareSource SUD Treatment

Incentive Initiative

To locate an Intensive Outpatient Treatment (IOT) provider:

- Call Member Services or a Care Manager at 1-844-607-2829 (TTY: 1-800-743-333 or 711)
- Search our Find A Doctor/Provider tool at [CareSource.com](https://www.caresource.com).

For assistance locating a substance use specialist, call 1-833-674-6437.



Provider Payment Processing

Effective October 25, 2019, CareSource is transitioning from InstaMed to ECHO Health, Inc.

<https://www.caresource.com/documents/in-p-0674-echo-health-announcement-network-notification/>

This new partnership will improve the way you are reimbursed as CareSource looks to achieve the following:

- Increase the frequency of payment
- Offer more options for electronic payment
- Enhance your overall payment experience
- GO **GREEN!**



Provider Payment Processing

Payment methods offered by ECHO Health, Inc.:

- Electronic Funds Transfer (EFT) & Electronic Remittance Advice (ERA)
- Virtual Card Payment
- Paper Check



Provider Payment Processing

Electronic Funds Transfer (EFT) & Electronic Remittance Advice (ERA)
(Preferred method of payment for CareSource)

To register, please visit

<http://view.echohealthinc.com/eftera/EFTERAInvitation.aspx?tp=MDAxODk=>

You will need:

- Your CareSource Provider ID (available via the Provider Portal or by calling Provider Services at (1-844-607-2831))
- Your bank routing number and bank account number

If already registered with ECHO, please have the following available to expedite registration:

- ECHO provider portal credentials or Tax Identification Number (TIN)
- An ECHO draft number and draft amount (you may use any ECHO draft number and corresponding draft amount issued to you by ECHO) to authenticate your registration

*When signing up without a previous payment from ECHO, select “Enroll using Enrollment Code.” Enter your CareSource Provider ID as your Enrollment Code.



Provider Payment Processing

Virtual Card Payment

Standard credit card processing & transaction fees apply. Fees are based on your credit card processor's fees and your current banking rates. ECHO does not charge any additional fee for processing.

- For each payment transaction, a credit card number unique to that payment transaction is sent either by secure fax, or by mail.
- Processing these payments is similar to accepting and entering patient payments via credit card into your payment system.



Provider Payment Processing

Paper Check Payment

If your office would prefer to receive check payments, please call ECHO Support at 1-888-485-6233.

*****Please note, for the security of your personal information, **CareSource cannot convert your banking information from InstaMed to ECHO.** If you do not proactively register with ECHO for EFT payments from CareSource, your payment method will default to QuicRemit Virtual Card Payment (VCP) or paper check.



Claim Concerns

Claim Status

Claim status is updated daily on the CareSource Provider Portal. You can check claims that were submitted for the previous 24 months.

Additional information on the portal:

- Determine reason for payment or denial
- Check numbers and dates
- Procedure/diagnosis
- Claim payment date
- View and print remittance advice
- Check status of claim disputes or appeals



Claim Concerns

Corrected Claims

- In alignment with Indiana Health Coverage Programs claim adjustment policy, providers have **60 calendar days** from the date of the explanation of payment (EOP) to submit a corrected claim for a paid claim, even if the claim paid \$0, or **60 calendar days** from the date of receipt of the claim decision notification to file a claim dispute. A denied claim that is resubmitted with corrected information is considered to be an initial claim and, as such, is subject to the 90-day timely filing limit. If a claim is submitted with incorrect or unclear information, health partners have **60 calendar days** from the date of service or discharge to submit a corrected claim.
- **UB 04** claims, the health partner must include the original CareSource claim number in Box 64 and a valid type of bill frequency code in Box 4 per industry standards.
- **CMS 1500** claims, the health partner must include the original CareSource claim number and a frequency code of “7” per industry standards. When submitting a corrected or voided claim, enter a “7” in the left-hand side of Box 22 and the original claim number in the right-hand side of that box.

Please note: If a corrected claim is submitted without this information, the claim will be processed as an original claim or rejected/denied as a duplicate.



Claim Concerns

Claim Dispute

Definition: A providers first response disagreeing with the adjudication of a claim.

- Available for participating and non-participating providers

All disputes must be:

- Submitted in writing via the CareSource Provider Portal or on paper
- Submitted within 60 days after receipt of the EOP
- Completed **prior** to requesting an appeal

If CareSource fails to render a determination for the dispute within **30 days** after receipt, an appeal may be submitted.



Claim Concerns

Claim Appeals

[CareSource.com/documents/in-med-provider-clinicalclaim-appeal-form/](https://www.caresource.com/documents/in-med-provider-clinicalclaim-appeal-form/)

- May only submit appeal **after** completing dispute process
- Must be submitted within **60 days** of the resolution of the dispute determination OR if dispute was not responded to timely, appeal must be filed w/in **60 days** after the **30 day** dispute response window.
- CareSource must issue a written decision **45 days** of receipt of the written request for appeal
- If CareSource does not resolve appeal within the **45 day** timeframe, the appeal will be determined to be in favor of the provider
- May submit via the CareSource Provider Portal, fax (937-531-2398), or by paper to:
Claim Appeals Department
P.O. Box 2008
Dayton, OH 45401-2008
- Timely filing appeals must include proof of original receipt of the appeal by fax or EDI for reconsideration



Updates & Announcements

Visit the **Updates and Announcements** page located on our website, <https://www.caresource.com/in/providers/tools-resources/updates-announcements/medicaid/>, for frequent network notifications.

Updates may include:

- Medical, pharmacy and reimbursement policies
- Authorization requirements



Billing Reminder

BR201912

- The Indiana Health Coverage Programs (IHCP) does not enroll mid-level providers with their own National Provider Identifiers (NPIs); therefore mid-level providers must bill using the supervising physician in the Rendering field (on a professional CMS-1500 claim form or electronic equivalent), appending the appropriate modifier (for example, AJ, AH, HE, HM).
- The rendering NPI will be the psychiatrist or physician enrolled with the IHCP.
- Current Procedural Terminology (CPT®1) codes 90833, 90836, and 90838 for psychotherapy with medical evaluation and management are medical services. Therefore, the IHCP does not reimburse clinical social workers, clinical psychologists, or any mid-level practitioners (excluding nurse practitioners and clinical nurse specialists) for these codes. In these circumstances, it is appropriate to bill the stand-alone psychotherapy service with the mid-level modifier, and for the supervising practitioner to bill the evaluation and management service.



How to Reach Us

Provider Services	1-844-607-2831
Hours	Monday to Friday 8 a.m. to 8 p.m. (EST)
Member Services	1-844-607-2829
Hours	Monday to Friday 8 a.m. to 8 p.m. (EST)



CareSource Health Partner Engagement Representatives

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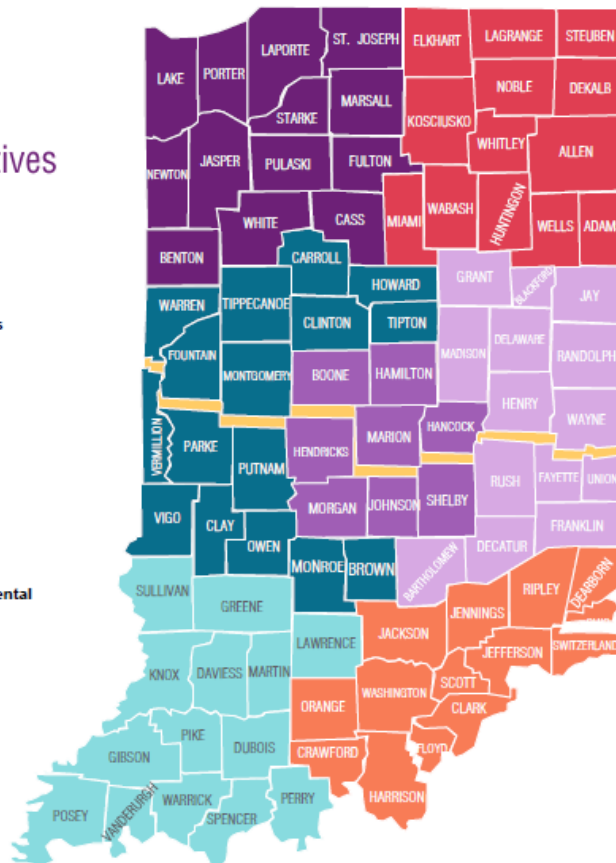
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Thank you!

Session Survey

Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.



<https://tinyurl.com/fssa1004>

